

**SUPPORT, CUSTODY, and/or
PARENTING TIME**
(formerly known as “Visitation”)
(RESPONSE/CROSS PETITION ONLY)

3

**To Make Someone
Obey A Court Order**

Part 3: Respond to an Enforcement Petition
(Forms Packet)



SELF SERVICE CENTER

TO MAKE SOMEONE OBEY A COURT ORDER SUPPORT, CUSTODY, AND/OR PARENTING TIME (formerly known as “Visitation”)

(FORMS ONLY)

RESPONSE ONLY

How to assemble these documents

This packet contains court forms for enforcing an Order of Support, Custody and/or Visitation by Expedited Services.

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3	DRESE31f	<i>“Cross Expedited Process Request to Enforce”</i>	5

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SELF SERVICE CENTER

CROSS PETITION AND PAPERS TO MAKE SOMEONE OBEY A COURT ORDER

CHECKLIST

YOU DO NOT NEED TO USE THIS PAPERWORK TO FILE A RESPONSE.

However, this is your opportunity to request the court to consider additional issues not included in the ***“Expedited Process Request to Enforce”*** which you were served with.

USE THE FORMS and instructions in this packet only if the following factors apply to your situation.

- ✓ You want to file “Cross Expedited Process Request to Enforce” regarding child support, medical insurance coverage, spousal maintenance/support, custody and/or parenting time (formerly known as “visitation”). AND
- ✓ You have a child support, spousal maintenance/support, medical support, custody, and/or parenting time order from Arizona.

DO NOT USE THE FORMS and instructions in this packet if the following factors apply to your situation:

- ✓ Your custody or parenting time order is from a state other than Arizona, OR
- ✓ Your support or medical coverage order is from a state other than Arizona, OR
- ✓ You want to collect money for payment of past medical costs or medical insurance co-payments.

READ ME: It is very important for you to know that when you sign any court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Party Filing Document: _____(1)
Address: _____
City, State, Zip Code: _____
Home Telephone Number: _____
Day Time Telephone Number: _____
Attorney Bar Number (if applicable): _____(3)
ATLAS Number (if applicable): _____(4)
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent (2)

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

_____(5)
Petitioner

Case Number: _____(7)

**CROSS EXPEDITED PROCESS
REQUEST TO ENFORCE:**

_____(6) (8)
Respondent

- ☐ Child Support (ESR)
☐ Child Support Arrearage Only (ESR)
☐ Medical Insurance Coverage (ESR)
☐ Spousal Maintenance/Support (ESR)
☐ Custody (EAR)
☐ Parenting Time (formerly known as
"Parent/Child Access")(EAR)

On (9) _____, I was served with an "**Expedited Process Request to Enforce**" and "**Order to Appear**". In response, I request enforcement of the following issue(s) during the Conference:

SECTION A: SUPPORT AND/OR MEDICAL INSURANCE COVERAGE

1. On (10) _____, (11) _____ was ordered by (12) _____ of the Superior Court of Arizona to pay support and/or obtain medical insurance coverage as follows: (13) _____
2. The total amount of support past due is \$ _____ (14) for the time period of _____ (15) with a portion of this due during the past year.
3. I request that the court consider any or all of the following action(s):
 - A. Order the other party to bring at the time of the scheduled conference all those items set forth on page 4 of this "**Cross Expedited Process Request to Enforce**".
 - B. Enter judgment for past-due support, clerk's fees, service costs, other court costs and/or attorney fees against the other party.
 - C. Enter an "**Order of Assignment**" for payments on current support, past due support and/or clerk's fees against the other party.
 - D. Order the other party to pay support through the Support Payment Clearinghouse.

- E. Find the other party in civil contempt of court and order sanctions which may include, but are not limited to, incarceration and the posting of a surety bond.
- F. Issue a child support arrest warrant if the other party fails to appear and/or enter a default judgment.
- G. Order referral to a professional licensing board/agency to determine the possible suspension of the other party's professional license or certificate.
- H. Order the other party to provide evidence of medical insurance coverage within a fixed period of time.
- I. Other: **(16)** _____
- J. Such other relief as deemed just and proper by the court.

SECTION B: CUSTODY AND/OR PARENTING TIME

1. On **(17)** _____ an order signed by **(18)** _____ established the following custody and/or parenting time: **(19)** _____

2. **(20)** _____ violated the custody and/or parenting time order in the following manner: **(21)** _____

3. I request that the court consider any or all of the following action(s):
 - A. Compel compliance with the custody and/or parenting time order.
 - B. Find the other party in civil contempt of court and order sanctions which may include, but is not limited to, incarceration.
 - C. Order either or both parties to mediation, counseling, or supervised parenting time pursuant to A.R.S. 25-410.
 - D. Issue a civil arrest warrant or enter an order for the requested relief should the other party fail to appear at the conference.
 - E. Enter an order for other relief as deemed just and proper by the court.
 - F. Other: **(22)** _____

After filing this "Cross Expedited Process Request to Enforce", I promise I will

☐ Mail ☐ Hand-deliver, or ☐ Fax a copy to:

Name: (23)_____

Address: (24)_____

OATH AND VERIFICATION

STATE OF ARIZONA)
COUNTY OF MARICOPA)ss.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

Signature of party filing (25)

Subscribed and sworn or affirmed and acknowledged before me this date: _____

by _____

My commission expires:

Notary Public or Deputy Clerk

*** * * IMPORTANT INFORMATION and ORDER OF THIS COURT* * ***

A RESPONSE OR ANSWER IS NOT REQUIRED TO THIS “CROSS-EXPEDITED PROCESS REQUEST TO ENFORCE”.

If this matter concerns child support, child support arrearages only, medical insurance coverage and/or spousal maintenance/support, **IT IS ORDERED** that you must bring to the conference **ALL** of the following information **with enough copies for the other party**:

- 1. FINANCIAL AFFIDAVIT.** The financial affidavit attached to this Order which **must be completed PRIOR** to the conference.

NOTICE: Prior to the conference, the Conference Officer, Attorney General or the Department of Economic Security will research information regarding your financial status through credit reports, bankruptcy proceedings, unemployment benefits, social security and other available financial resources.

2. **INCOME TAX RETURNS.** Copies of your Federal and State income tax returns (personal, partnership, and corporate), as well as schedules, attachments, W-2's and 1099's for the past three (3) years.
3. **PAY STUBS.** Copies of your pay stubs or statement of earnings for the last six (6) months.
4. **STATEMENT OF BENEFITS/INCOME RECEIVED.** The most recent statements reflecting the amount of any benefits received such as social security, SSI, TANF (AFDC), unemployment compensation, worker's compensation, trust income, retirement benefits, etc.
5. **ACCOUNT STATEMENTS.** Statements for the last six (6) months on accounts with:
 - A. Banks, savings and loans, and investment companies.
 - B. Credit card companies, such as VISA, American Express, Sears, Macy's, etc.
6. **ACTUAL COST OF MEDICAL INSURANCE FOR CHILD(REN).** Proof of the cost of medical insurance actually paid by you for the benefit of the minor child(ren). Such verification may include a letter from your employer or insurer or other appropriate proof.
7. **AVAILABILITY OF MEDICAL INSURANCE FOR CHILD(REN).** Proof of the availability of medical insurance coverage, the cost of available coverage, persons for whom you are providing medical insurance and insurance carrier name and policy number.
8. **SUPPORT PAID FOR OTHER CHILDREN.** Payment records or check stubs reflecting your payment of support for child(ren) other than the child(ren) for whom support is sought in this proceeding, for the past twelve (12) months.
9. **SUPPORT TO BE CREDITED.** Proof of direct payments (such as canceled checks, money orders, other receipts, etc.) of support for which you are requesting credit.

At the end of the conference, Expedited Services shall submit a report to the court. This report will contain all agreements reached by both parties and/or recommendations of the Conference Officer. Based on the report, the Court may do one of the following:

- A. Adopt and approve the report;
- B. Adopt and approve the report with modification;
- C. Neither adopt nor approve the report and enter its own orders;
- D. Set the case for a hearing in front of the judge;
- E. Enter other appropriate orders.

IMPORTANT INFORMATION and ORDER OF THIS COURT

If this matter concerns custody and/or (parenting time, **IT IS ORDERED** that both parties **must** bring to the conference, **any and all** documentation he/she has which will assist in responding to the allegations related to custody and/or parenting time. **Bring enough copies for the other party.**

At the conclusion of the Conference, Expedited Services shall submit a report to the court. This report will contain all agreements reached by the parties and/or recommendations of the Conference Officer. Based on the report, the Court may do one of the following:

- A. Adopt and approve the report;
- B. Adopt and approve the report with modification;
- C. Neither adopt nor approve the report and enter its own orders;
- D. Set the case for a hearing in front of the judge;
- E. Issue and order granting specific relief;
- F. Refer the matter to case supervision which may include counseling, supervised parenting time or supervised exchange of the child(ren) or other appropriate programs;
- G. Enter other appropriate orders.

NOTICE TO BOTH PARTIES: Your conference, which includes a mandatory Pre-Conference Orientation, will be a minimum of two hours in length. Conferences are for the Petitioner and Respondent (and his or her attorney, if represented). Spouses, child(ren), family members or significant others will **not** be allowed in the conference. **DO NOT BRING CHILDREN.** They will **not** be allowed in the conference and you may **not** leave them unattended.

INTERPRETER NEEDED: If you require the services of an interpreter of a spoken language or for the deaf for this conference, please call (602) 506-3762 immediately and arrangements will be made to provide these services.

Dated: _____

Judge/Commissioner